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Bib Data Sheet

CONFIRMATION NO. 9969

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|--|---|-------------------------------|---|---|
| SERIAL NUMBER 10/675,573 | FILING OR 371(c) DATE 09/30/2003 RULE | CLASS 623 | GROUP ART UNIT 3738 | ATTORNEY DOCKET NO. 036163-0101 |
| APPLICANTS Michel H. Malek, Chicago, IL; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 12/23/2003 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY IL | SHEETS DRAWING 13 | TOTAL CLAIMS 28 |
| | | | | INDEPENDENT CLAIMS 6 |
| ADDRESS 23524 | | | | |
| TITLE VERTICALLY ADJUSTABLE INTERVERTEBRAL DISC PROSTHESIS | | | | |
| FILING FEE RECEIVED 651 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |

LEA
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